

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/023441**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12	1					
13	1					
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28	1	2				
29	1					
30		1				
31		1				
32	1					
33						
34						
35						
36						
37						
38						
39						
40						
41	1					
42						
43						
44						
45						
46						
47						
48						
49			1		1	
50				1		1
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				1		1
52				1		1
53				1		1
54				1		2
55				1		1
56				1		1
57				1		1
58				1		1
59				1		1
60				1		1
61				1		1
62				1		1
63				1		1
64				1		1
65				1		2
66				1		1
67				1		1
68				1		1
69				1		2
70				1		1
71				1		1
72				1		1
73				1		1
74				1		1
75				1		1
76				1		1
77				1		1
78				1		1
79				1		1
80				1		1
81				1		3
82				1		3
83			1		1	
84			1		1	1
85			1		1	1
86				1		1
87				1		1
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.			4		4	
TOTAL DEP.			35		42	
TOTAL CLAIMS			39		46	

BEST AVAILABLE COPY

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS